## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

| annon-mata All frombor   | correspondence including<br>ed below or directed other  | an the Datent advance N    | a) specifying a new corres  | spondence address; a  | d). Blocks 1 through 5 sh<br>be mailed to the current of<br>nd/or (b) indicating a separ | rate "FEE ADDRESS" for    |
|--|---|----------------------------|---|---|--|---------------------------|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)   |   |                            |   | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.   |  |                           |
| MCKEE, VOORHEES & SEASE, P.L.C. 801 GRAND AVENUE SUITE 3200 FEB 0 4 2011   |   |                            |   | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |  |                           |
| DES MOINES, IA 50309-2721  |   |                            | <i>#</i> / [  | EDMUND J. SEASE   |  | (Depositor's name)        |
|  |   | TANTS 7                    | RADEMARKE   | Idle  | ul flese   | (Signature)               |
|  |   |                            |   | 2-2-11  |  | (Date)                    |
| APPLICATION NO.  | FILING DATE   |                            | FIRST NAMED INVENTOR  | A   | TTORNEY DOCKET NO.   | CONFIRMATION NO.          |
| 10/544,268   | 0/544,268 07/24/2006  |                            | John Gordon   |   | P07285US00   | 1331                      |
| TITLE OF INVENTION: WETSUIT  |   |                            |   |   |  |                           |
|  |   |                            |   |   |  |                           |
| APPLN. TYPE  | SMALL ENTITY  | ISSUE FEE DUE              | PUBLICATION FEE DUE   | PREV. PAID ISSUE I  | TEE TOTAL FEE(S) DUE   | DATE DUE                  |
| nonprovisional   | YES   | \$755                      | \$300   | \$0   | \$1055   | 02/03/2011                |
| EXAMINER ART UN  |   | ART UNIT                   | CLASS-SUBCLASS  | CLASS-SUBCLASS 127.400.0  |  |                           |
| MUROMOTO JR, ROBERT H 3765   |   |                            | 002-002150  | 02/04/2011 HBLAKCO1 00000017 10544268   |  |                           |
| CFR 1.363).  Change of corresp Address form PTO/SI   | ence address or indication<br>ondence address (or Cha<br>B/122) attached.<br>ication (or "Fee Address | ange of Correspondence     | 2. For printing on the patent front page 1534 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to  2. For printing on the patent front page 1534  309.00 GP  MCKEE, VOORHEES & SEASE, P.  2.801 Grand Ave., Suite 3200 DES MOINES, IOWA 50309-27 |   |  |                           |
| PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.   |   |                            | 2 registered patent attorneys or agents. If no name is listed, no name will be printed.   |   |  |                           |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  |   |                            |   |   |  |                           |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  |   |                            |   |   |  |                           |
| (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  |   |                            |   |   |  |                           |
|  | r   |                            |   |   |  |                           |
| Please check the appropr   | iate assignee category or   | categories (will not be pr | rinted on the patent):  | Individual Com  | oration or other private gro   | up entity Government      |
| a. The following fee(s)  | are submitted:  | 41                         | _ `   | se first reapply any  | previously paid issue fee s  | hown above)               |
| Issue Fee  | In annull antitus diameters   |                            | A check is enclosed.  |   | s attached   |                           |
| ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit are overpayment, to Deposit Account Number _26-0084_ (enclose an extra copy of this is |   |                            |   |   |  |                           |
| Change in Entity Sta   | tura (Fram atatua indianta  | d shous)                   | overpayment, to Depo  | sit Account Number  | 26-0084 (enclose an  | extra copy of this form). |
| a. Applicant claim   | tus (from status indicate   | us. See 37 CFR 1.27.       |   |   | ENTITY status. See 37 CF   |                           |
| NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in nterest as shown by the records of the United States Patent and Trademark Office.   |   |                            |   |   |  |                           |
| Authorized Signature   |   |                            |   |   |  |                           |
|  | -0  | <i>''</i>                  | •   | · · · ·   |  |                           |

Registration No. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

24,741

Typed or printed name

EDMUND J. ✓ SEASE